

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC		Response Timely Filed? (X) Yes () No	
Requestor's Name and Address Metroplex Diagnostics 200 Wynnewood Village Dallas, TX 75224		MDR Tracking No.: M4-04-1457-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address BOX #: 42 Dallas ISD		Date of Injury:	
		Employer's Name: Dallas ISD	
		Insurance Carrier's No.: 2002030078	

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
1/6/03	1/6/03	95900-27 x 4	179.20	179.20
		95904-27 x 6	268.80	268.80
		95935-27 x 4	148.40	37.10
		95900-26 x 4	76.80	76.80
		95904-26 x 6	115.20	115.20
		95935-26 x 4	63.60	15.90
		99242	90.00	0.00
Total Amount in Dispute			\$942.00	
Total Amount Due				\$693.00

PART III: REQUESTOR'S POSITION SUMMARY

Carrier is disputing the services stating not appropriate health care provider. This denial is not appropriate, as the Texas Board of Chiropractic Examiners has ruled that NCV Studies were part of the scope and practice of a licensed DC in Texas. These tests include needle EMG, somato-sensory evoked potential and H reflex studies.

PART IV: RESPONDENT'S POSITION SUMMARY

The EOBs explain non-reimbursement was based on the lack of evidence of completion of 120 hour course in electrodiagnostics from CCE accredited college or status as an ACA Diplomate in Neurology and no evidence that the provider who performed the technical portion of the test was certified in electrodiagnostics. This denial was applied to the office visit charge as well.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The letter from the Texas Board of Chiropractic Examiners (TCBE) signed by the Board's President and Technical Standards Committee Chairman, states that 'Although it is not a requirement, it is the Board's opinion and recommendation that a practitioner exercises "due diligence" when they have obtained and completed a 120-hour course in electrodiagnostics offered at CCE accredited chiropractic colleges, or they have received status as an ACA Diplomate in Neurology.'

As indicated in TCBE's letter, their recommendation for this special training is not requirement. Consequently, the Commission cannot overrule the TCBE's recommendation and deny reimbursement for lack of this special training in the disputed nerve studies. The Commission does not agree with the Respondent's denial reasons for the disputed services.

The Requestor's medical documentation reports that the claimant's injury affects the mid back, right shoulder and right

elbow. Sensory tests were applied to median, radial and ulnar nerves bilaterally. Motor tests were applied to the median and ulnar nerves bilaterally. The "F" waves were tested bilaterally as well. This report, however brief the history and physical exam are documented, does not meet the criteria for an expanded problem focus consultation (99242) and therefore, is not recommended for reimbursement.

According to the 1996 MFG, Medicine Ground Rule (IV. Nerve Studies (D) and the descriptor for 95900 and 95904 reimbursement is allowed per nerve. Dr. Kogan performed the professional component (30% of MAR) and Dr. Sauder performed the technical component (70% of MAR).

However, according to Ground Rule (B. Reflex Studies) reimbursement is per study. The "F" wave studies are reimbursable per the affected extremity. Because the injury affected only the right upper extremity, reimbursement for the left upper extremity comparison of the "F" wave study is not separately reimbursable. Consequently, only one unit of 95935 is allowed for both technical and professional components billed.

PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to reimbursement in the amount of **\$693.00**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Patti Lanfranco

June 29, 2005

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
P. O. Box 17787
Austin, Texas, 78744
or faxed to (512) 804-4011

A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____